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FACSIMILE TRANSMISSION COVER SHEET

Date: January 10, 2008

To: United States Patent and Trademark Office
Examiner: Riyami, Abdulla A.; Art Unit: 2616

Fax: (571) 273-8300

Re: **Application Serial No.: 10/806,800**
Filing Date: 3/23/2004; First-Named Inventor: Fayad
Attorney Docket No.: 01CON247P-CON

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 23

Message:

Enclosed please find the Request for Continued Examination; and the Response to the Advisory Action dated January 2, 2008.

Authorization is hereby given to the Director to charge \$810.00 to deposit account 50-1867 as payment for the required fee.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

JAN 10 2008

Attorney Docket No.: 01CON247P-CON

AMENDMENT COVER SHEETIN RE APPLICATION OF: Fayad, et al.SERIAL NO.: 10/806,800 FILED: 3/23/2004FOR: Methods and Apparatus for Data Communications through Packet NetworksHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	26	MINUS **26	* = 0	x 50	x 25	\$
INDEPENDENT	4	MINUS ***4	* = 0	x 210	x 105	\$
First presentation of multiple dependent claim				+ 370	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
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99RSS183-CON

Attorney Docket No.: 01CON247P-CON

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- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date: 1/10/08By: 
Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date: 1/10/08Signature: Christina Carter EllisName of Person Performing Facsimile Transmission: Christina Carter Ellis

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